

IBEW

Health Insurance Reimbursement Program

The Health Reimbursement Program is available to IBEW and IBEW Management employees. The reimbursement amount is \$1800 per year. In order to be eligible for the Health Insurance Reimbursement Program, an employee must enroll during annual Open Enrollment and must waive health coverage for entire calendar year.

Health Insurance Waivers are subject to Annual Verification. Employees are required to complete a Health Insurance Waiver Verification form and submit proof of current coverage each year during the Annual Open Enrollment period. Program rules are determined by negotiated agreement (MOU). At the end of the year, employees are required to provide proof that coverage was maintained for the entire year. Without proof of coverage, the participating employee automatically forfeits the reimbursement benefit.

An employee who is required by a Court Order to provide health coverage for dependents is automatically disqualified from the program and will be enrolled in health coverage in compliance with the Court Order.

If a significant event should occur which causes an enrolled employee to lose the alternate health coverage, the employee has thirty (30) days to request enrollment in the City health plan. After that grace period, enrollment is only permitted during the annual open enrollment period each November. Return to City of Riverside coverage will automatically forfeit eligibility from the reimbursement program for that year.

Provision of the Health Reimbursement Program

1. Effective December, 2001, an employee who provides proof of medical insurance coverage elsewhere and who declines City medical insurance coverage will receive annually for each such year of declination an annual payment of \$1800 payable the following November.

OR

2. If a declination of coverage by one City employee results in coverage being provided by another City employee then, in that event, 80% of the savings, if any, will be paid to the employee the following November; if there are no savings, there will be no payment.

The formula for calculation of the reimbursement amount in the case of two City employees is as follows:

Calculation

Legend:

S = Spouse (person covering **both** City employees) **new contribution rate**

EE = (person canceling coverage) **contribution if coverage had remained the same.**

Contribution = monthly amount contributed by City of Riverside towards employee's health insurance.

Formula:

Use ALL NEW (year insurance is waived for EE) contribution amounts.

Two Step Process

1. **"S"** contribution – **"EE"** contribution = **City Increase** to Spouse contribution.
2. **"EE"** contribution - **City Increase** x **80%** = **Reimbursement** to EE